



**COMPANY LETTERHEAD
ADDRESS, TELEPHONE & FAX #**

CERTIFICATE OF COMPLIANCE

CLIENT INFO

DATE

Final Report

Project Name:
Project Address:
Permit No.
Project No.

COMPANY NAME performed and completed the special inspection services for the **PROJECT NAME** project and is in compliance with the Clark County Department of Development Services – Building Division approved construction documents, and the quality assurance agency special inspection agreement. **COMPANY NAME** performed the Item _____ special inspection services.

SUBCONTRACTED AGENCY performed the Item _____ special inspection service. All inspections performed by **SUBCONTRACTED AGENCY** were reviewed and accepted by **COMPANY NAME**.
(This paragraph may be deleted if there has been no subcontracting)

Only CCDDS-BD approved special inspectors were utilized to perform those specific inspections as required by the Quality Assurance Agency Special Inspection Agreement. Any items that were found to be in noncompliance with the approved construction documents were repaired or replaced, and re-inspected for acceptance.

Attached for your review are the daily inspection reports, testing results, and other applicable reports.

CCDDS-BD REVIEW STAMP

REGISTERED DESIGN PROFFESIONALS
SEAL HERE